



PEDDLERS PERMIT APPLICATION

Date: _____

1. Name of Organization/Business: _____

2. Please Print your Full Name: _____ Contact Person: _____

Mailing Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Driver's License # or SS#: _____ Email: _____

3. Location: _____

Required: An attached site plan, drawn to scale, or an aerial photograph illustrating the proposed location.

4. Restroom and Property Agreement Letters (Notarized). ☐ Yes ☐ No

Temporary Restroom ☐ Yes ☐ No

5. Duration of Permit: ____/____/____ to ____/____/____

Length of Time	Permit Fee
1 Month	\$ 35.00
6 Months	\$ 200.00
1 Year	\$ 400.00

6. Hours of Operation: From ____ A.M./P.M. To ____ A.M./P.M.

7. What Good(s), will be sold? _____

8. Please select from the following: (Other fees may apply)

County Health Department Permit ____Y ____N

Food Handlers Permit ____Y ____N, Permit #: _____

Location /Name of Commissary: _____

I hereby certify that the information provided above and in the attachments is true and accurate. I understand that any false information will render null any permit issued based on the information provided.

Applicant's Signature

Phone #

Date

At the time of registration the registrant shall submit to fingerprinting by the police department of the city and such fingerprints shall be kept as a permanent record in the office of the city police department.

Personal Description:

Sex: _____ Hair: _____ Eyes: _____

Weight: _____ Height: _____ Age: _____

For Office Use Only:
Staff Review of Application:

Police: _____ Date: _____ Approve or Deny _____

Electrical: _____ Date: _____ Approve or Deny _____

Building: _____ Date: _____ Approve or Deny _____

Comments: _____

PHOTO